STATE OF UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

CONTROLLED SUBSTANCE

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, submit a complete application form including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. Please read all instructions carefully.

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

- 1. Submit a completed take-home "Utah Controlled Substances Law and Rules Examination" (pages 5 and 6 of this application).
- 2. Submit a \$90.00 non-refundable application-processing fee, made payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at

www.dopl.utah.gov:

- □ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- □ Utah Controlled Substances Act
- □ Utah Controlled Substance Act Rules
- 2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
- 3. **Controlled Substance License:** You must hold a Utah controlled substance license **AND** a federal DEA registration to administer, possess, or prescribe a controlled substance in your practice in Utah.
- 4. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
- 5. **License Renewal:** All controlled substance licenses expire on the same day your primary license expires and must be renewed at that time.
- 6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
- 7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
- 8. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing 160 East 300 South, 1st Floor Lobby Salt Lake City, Utah 84111

9. **Telephone Numbers:** (801) 530-6628

(866) 275-3675 – Toll-free in Utah

10. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: UTAH CONT	ROLLED SUBSTANCE	
Social Security Number:		
Last Name:	Maiden Name:	
First Name:	Middle Name:	
Gender: ☐ Male ☐ Female: Date of Birth:	/	
Have You Ever Held A Utah License Before? ☐ Ye	es 🖵 No	
If Yes, Name of Profession:		
If Yes, License Number:		
MAILING ADDRESS:		
Street:		
City:	State:Zip:	
Telephone: Email	:	
DO NOT WRITE IN THIS SECTION - FOR DI	VISION USE ONLY	
License/Certificate Number:		
Date License/Certificate Approved:/		
Approved By:		
Date License/Certificate Denied://		
Denied By: Reason for Denial/Other Comments:		

CURRENT UTAH LICENSES: (Check all that app	oly.)	
☐ Advanced Practice Registered Nurse	☐ APRN-CRNA	
☐ Certified Nurse Midwife	☐ Dentist	
☐ Optometrist (Schedules IV and V only)	☐ Osteopathic Physician/Surgeon	
☐ Physician/Surgeon	☐ Physician Assistant	
☐ Podiatric Physician	☐ Veterinarian	
AFFIDAVIT FOR UTAH LAWS AND RULES		
I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice in the state of Utah and I agree to comply with such.		
Signature of Applicant:	Date:/	

UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

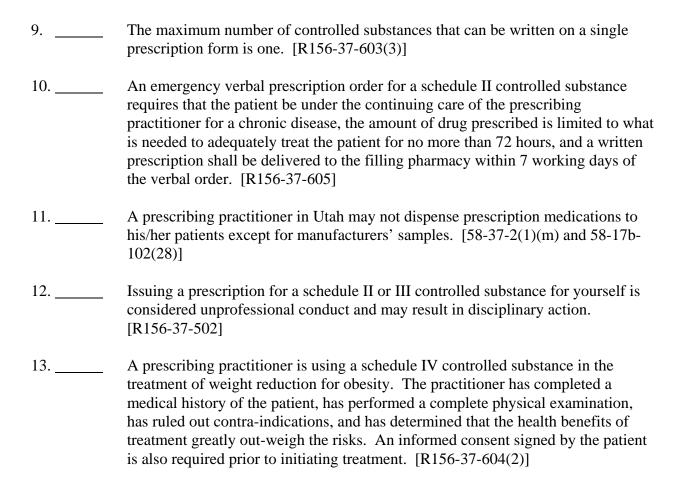
The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer "true" or "false" for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1	A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. $[58-37-6(7)(f)(i)(B)]$
2	A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]
3	All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4	Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours [R156-37-601]
5	All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6	The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7	A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8	After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

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CONTROLLED SUBSTANCE QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.
1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. Have you ever been denied the right to sit for a licensure examination?

3. ____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?

Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

5. ____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?

6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

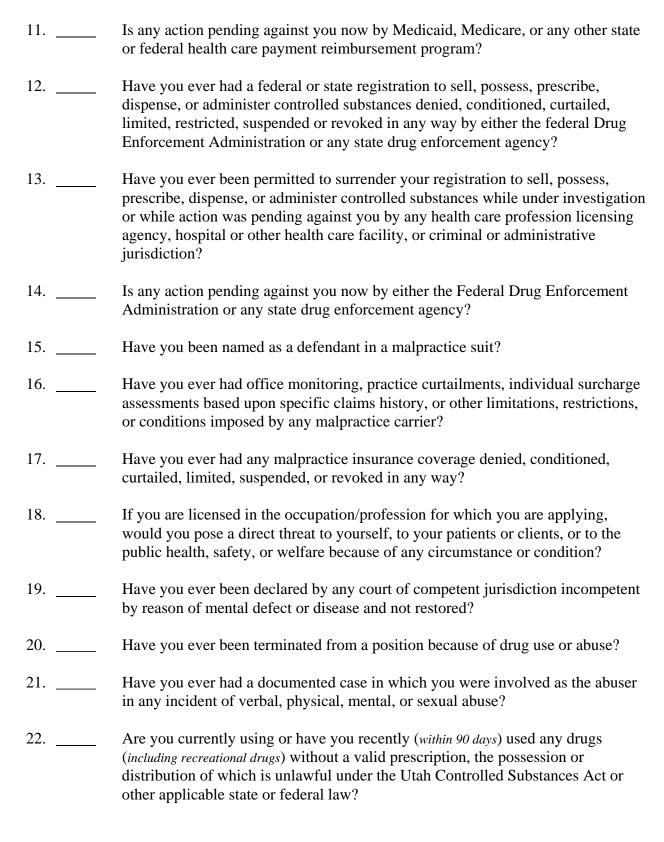
Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

8. ____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?

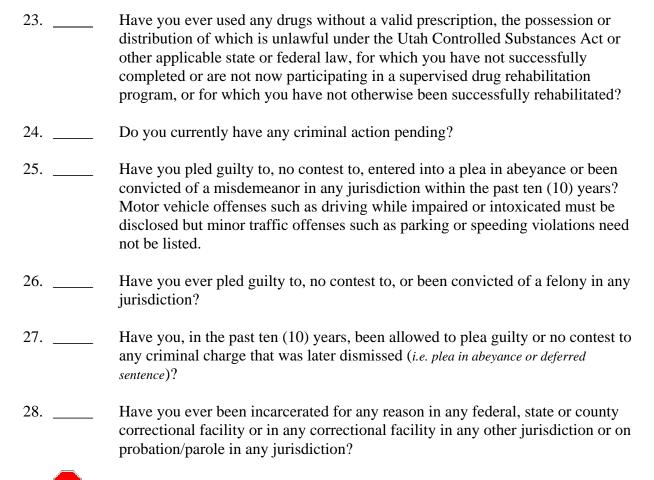
9. ____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Continued on the next page.)



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If you answered "yes" to question 15 above, you must submit a National Practitioner Database document outlining all professional liability claims made against your license and any settlements paid by or on your behalf.

Additionally, if you answered "yes" to questions 23, 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered "yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:	
Date of Signature:/	/
Printed Name of Applicant	£